



# ANPT Knowledge Translation Manual

## Prepared by the Practice Committee

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### Process Overview for Task Force Development

1. Director of Practice purposes to the BOD the Task Force's Purpose for approval
2. Task Force Call by Practice Committee (example below)
  - a. Call goes out through a stand-alone email to ANPT members, Action Potential, SIG newsletter if appropriate and ANPT social media
  - b. Attempt made to time the call for volunteers with the public comment period for CPGs.
  - c. Call for volunteers remains open for about 4-6 weeks.
3. Practice Committee reviews applications, asked the Executive Office to verify membership and then asks the Director of Practice to recommend to the Task Force members for Board Approval (approximately 2-4 weeks)
4. Upon approval, the Practice Committee Chair confirms applicant's ability to accept the appointment. (approximately 2 weeks)
5. Orientation with Practice Chair and Director of Practice with co-chairs and authors
6. Co-chair onboard TF members
  - a. Orientation with Marketing and Communication on Online Resources (BOX, Trello and Zoom)
  - b. Examples of other KT work
  - c. Suggestions for training in KT
7. Task Force Funding Guidelines ANPT



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### Example of Task Force Call for CPG Related KT Effort

#### Call for Knowledge Translation Task Force Members for a Parkinson's Disease Clinical Practice Guideline (CPG)

The American Physical Therapy Association, in partnership with the Academy of Neurologic Physical Therapy (ANPT), is looking for members interested in being a part of a task force to aid in the dissemination and implementation of a clinical practice guideline (CPG) focused on Parkinson's Disease. The CPG identifies recommendations for PT evaluation and treatment of this health condition. The purpose of the task force is to create information and tools to optimize the use of the CPG recommendations in PT practice. The time commitment for serving on the task force is 3 years. The task force will be comprised of individuals representing different practice settings and with a variety of experience/familiarity in evaluation and treatment of Parkinson's Disease. Listed below are types of individuals who will be considered for the task force:

- Administrators/organizational leaders
- Clinicians
- Program developers
- Entry-level DPT faculty
- Director of Clinical Education
- Residency directors
- Clinician researchers
- Quality improvement specialists

Patients and patient advocacy groups will also be considered as part of the task force to ensure that the committee represents multiple stakeholder groups from different levels of care.

Responsibilities of the task force include: disclosure of conflict of interest, participation in all conference calls, attending all meetings with a commitment to teamwork and clear communication, reading all relevant material and doing all necessary background work to fully participate, responding to e-mail communications in a timely fashion, completing all personal assignments to meet deadlines, maintaining confidentiality.

If you are interested in serving on this task force, please fill out [this application survey](#) which includes a statement of interest. Please send any questions to the ANPT Practice Committee via



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Heather Knight at [HeatherKnight@creighton.edu](mailto:HeatherKnight@creighton.edu) . Your response to this call for volunteers is requested by April 30th.

We look forward to supporting this collaborative knowledge translation effort.

*The Academy of Neurologic Physical Therapy Practice Committee*



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### Example of Best Practice TF Proposal to Board

If an additional task force is warranted, a proposal will be submitted to the board. The Proposal should include: Title, Rationale, Background, Other Considerations (Budget), Alignment with strategic goals

Proposal: Develop a Telehealth/Mobile PT Services Task Force

Rationale: Telehealth has become a hot topic in physical therapy since the start of COVID. The APTA has started to create resources for clinicians, but many of the resources focus on orthopedic conditions. We propose to create a Telehealth Task Force to help ANPT members who are treating the neuro population. We've added mobile PT services to the task force as recently members have emailed questions about mobile PT services focused on neurologic population. I believe they fit well with telehealth and we need to address mobile services for neuro population as well. The mobile PT resources will add to what has been created by the private practice section.

Background: The practice committee and I were creating a telehealth and mobile PT service resource list for posting on the ANPT website. Heather Knight (Chair of Practice Committee) approached Alicia Flach and Heidi Roth for recommendations/resources, and they proposed the development of a task force prioritizing these goals/tasks:

- Propose a formal statement on telehealth in neuro rehab that the Board can approve. Once approved, this statement by the ANPT can then be used in advocacy efforts to make telehealth sustainable.
- Define roles and opportunities for telehealth specific to neuro (i.e. what should we call it? tele-rehab or tele-wellness?)
- Partner with other organizations who are currently interested in supporting telehealth services to get PT at the table (i.e. example with the PD Foundation and MS Foundation)
- Create resource outlining useful outcomes measures and evaluation tools for neurologic populations in a telehealth environment
- Create a forum for idea sharing and problem solving
- Complete a systematic review of the literature on telehealth for PT in neuro populations
- Collaborate with SIGS to create resources to overcome disease specific barriers in telehealth (similar to vestibular SIG)

Other considerations:

Budget: We believe there will be a \$0 budget. The Practice Committee had planned a webinar on telehealth/mobile PT services as one of their hot topic webinars (in collaboration with the online education committee). The other resources will be placed on our website with help from the EO/Digital Communication Committee).

Timeline: 18 months



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Last this task force aligns with ANPT strategic goal:

- i. Strategic goal #1 (bullet point #3) as telehealth is a very new area of practice for most neuro therapists and they are looking for resources to make the transition to telehealth successful and sustainable.
- ii. Strategic goal #3 (bullet point #5) as this group would like to collaborate with other organizations (PD and MS Associations for example) to make telehealth a sustainable option to access PT services for these populations.



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### Questions on Application Survey (Utilizing Google Form as a Submission Portal)

1. Name
2. Email
3. Preferred Phone Number
4. APTA Number
5. Statement of Interest Please describe, in 500 words or less, why you would like to be considered for this role.
6. Area of Specialty
7. If you selected "other" or "ABPTS Certified Specialist" above, please describe
8. What best describes the practice setting where you work most frequently (check all that apply)?
9. If you selected other above, please specify
10. What best describes the health conditions of individuals you work with most frequently (check all that apply)?
11. If you selected other above, please specify
12. Please list all APTA Academies or Sections for which you are a member.
13. How long have you been practicing?
14. Which region of the country best describes where you practice?
15. Please describe your experience with {insert focus area of task force}.
16. Please describe your background in knowledge translation.
17. Please enter your education. Copy and paste from resume/CV is preferred.
18. Please describe your relevant work experiences (i.e. clinical, teaching, and research). Copy and paste from resume/CV is preferred.
19. Please describe any other experiences relevant to this taskforce. (i.e. professional service, publications, etc.). Copy and paste from resume/CV is preferred.



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### Review and Appointment Process

1. Practice Committee has at least two reviewers independently score applicants from 1-5 on four criteria outlined in the rubric.
2. Director of Practice screens applicants pool to provide historical perspective during the selection process.
3. Scores and summary comments from steps 1 and 2 are tallied by Practice Committee Chair.
4. PC meets to discuss and make recommendations for appointments to the Board.
5. Goal is to have group comprised of representation from different regions, practice settings, area of specialty, years of practice, clinician/faculty/researcher/administrators.
6. Practice Committee Chair, or approved representative, maintains records of recommendations to allow alternates to be identified if needed.
7. Public members who respond to the call will be reviewed on an individual basis and do not need to complete the full ANPT applications.

Task Force Application Rubric	
Applicant Name	
<i>Rater Instructions: Enter score in the field that is green.</i>	
Scoring: 5 = Outstanding 4 = Excellent 3 = Good 2 = Fair 1 = Poor	Score (Enter Numerical Score of 1, 2, 3, 4, 5)
Applicant Criteria	
Qualifications of the applicant, including training, experience and independence	
Experience of the applicant in the proposed clinical area and with the proposed methodology	



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Appropriateness of applicant to carry out the proposed project in a collaborative manner	
Demonstration of organization, thoroughness and passion for KT	
Total (out of 20 points)	

Comments: Strengths/Weaknesses:





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Orientation with Practice Chair and Director of Practice with Task Force co-chairs

- a. Introductions & Roles
- b. Purpose and Charge
- c. Organization and Structure
  - i. Annual reporting to the Board
  - ii. Honorarium
  - iii. Setting meetings
- d. Next Steps
  - i. Develop objectives
  - ii. Onboarding members
  - iii. Orientation to electronic platforms



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### Knowledge Translation Task Force Resources and Suggestion List

#### To Get Going:

- Identify standing monthly meeting for your task force which allows all members to participate.
- Director of Practice, Practice Committee Chair or Designated Liaison, and Guideline Development Group Leads (if applicable) should be cc'ed on meeting invitation and distribution of minutes.
- Coordinate a time with the Executive Office to orient all members to the ANPT's electronic platforms (BOX and Trello).
- Identify if the TF aligns with any SIGs and reach out to SIG leadership to open lines of communication and for alignment of resources
- For task forces based on a CPG, consider having all members use the AGREE II tool to review the article: <https://www.agreetrust.org/wp-content/uploads/2017/12/AGREE-II-Users-Manual-and-23-item-Instrument-2009-Update-2017.pdf>
- Draft objectives for the task force to consider pursuing. The objectives should focus on implementation of recommendations from the CPG or de-implementation of practices that don't align with evidence-based recommendations. For task forces that are not associated with a CPG, objectives should be specific to the purpose for which the task force was developed.
- Ensure all members are oriented to the concept of knowledge translation utilizing a common framework such as the Knowledge to Action Cycle.

#### Considerations & Recommendations from Previous KT Groups:

- May divide efforts into two parts from a timing perspective. The first round of tools might focus on dissemination of CPG around the time of publication, and the second round of efforts might focus on dissemination and implementation efforts that take longer to develop.
- May differentiate task force efforts to internal vs. external stakeholders. Each CPG may call for this in a different way. Our leadership report asks to report outcomes within and outside of ANPT, so it's useful for KT groups to consider the different target audience based on the needs of the practice area.



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- Look at finalized products published on the ANPT website to see what other KT groups have done. <https://neuropt.org/practice-resources/anpt-clinical-practice-guidelines> and <https://neuropt.org/practice-resources/locomotor> will provide you with good examples.
- Don't be afraid to reach out to previous KT co-chairs for their input. Contact information for co-chairs can be found on the ANPT website.
- Review KT and KTA cycle (education to team if needed)
- All documents should follow the ANPT branding guide.
- Complete ANPTs [video and photos consent form](#) for all patient videos and photos. Submit to executive office (info@neuropt.org)

#### Most groups focus on:

- Creation of website
- CSM or Annual Conference Presentation
- Education Center course, webinar
- [Podcast](#)
- [YouTube](#)
- Clinician Resources
- Patient Resources
- Other Healthcare Provider Resources
- Survey- Identify knowledge of CPG, use of recommendations, barriers to implementation, needs

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### Process for Publishing Resources on Website:

#### Physical Therapist facing documents:

1. Published Date (if available) and Updated Date (if available).
2. Authors and Task Force or SIG (This page was developed by: The Parkinson disease Knowledge Translation Task Force or something similar)
3. Citations are in AMA.
  - a. For CPG KT resources: all content not found on the CPG must be cited appropriately
  - b. All resources recent as possible
4. Document has been reviewed and approved by all Task Force members or SIG officers for:
  - a. Content accuracy
  - b. Spelling/grammar
  - c. Consistent format with bullets and capitalization (font recommendations)
  - d. Text simplicity (avoiding heavy) (e.g. consider strategic use of bullets and different for sizes, colors, shapes, lines to improve readability)
  - e. Accessibility
  - f. No copyright violation (use Creative Commons attributions when available)
  - g. Includes disclaimer: *This is for informational and educational purposes only. It should not be used as a substitute for clinical decision making. The Academy of Neurologic Physical Therapy and its collaborators disclaim any liability to any party for any loss or damage by errors or omissions in this publication.*
5. ANPT branding – follow guidelines
6. Preferred citation (e.g. Rainie L. *The rise of the e-patient. Pew Research Center Internet and the American Life Project. October 7, 2009. Accessed January 11, 2012.*  
<https://www.pewresearch.org/internet/2009/10/07/the-rise-of-the-e-patient-2/>)
7. Email update to board liaison that checklist was completed and document will be published on website.

#### Patient/Family/Caregiver Facing Documents

1. Published Date (if available) and Updated Date (if available).
2. Authors and Task Force or SIG (This page was developed by: The Parkinson disease Knowledge Translation Task Force or something similar)
3. Citations are in AMA (or has a QR code to link to citations)
  - All resources recent as possible
4. Document has been reviewed and approved by all TF members or SIG officers for:
  - Content accuracy

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- Spelling/grammar
  - Consistent format with bullets and capitalization (font recommendations)
  - Text simplicity (avoiding heavy) (e.g. consider strategic use of bullets and different for sizes, colors, shapes, lines to improve readability)
  - Accessibility
  - No copyright violation (use Creative Commons attributions when available)
  - Includes disclaimer (already part of the SIG Fact Sheets): *This is for informational and educational purposes only. It does not constitute and should not be used as a substitute for medical advice, diagnosis, rehabilitation, or treatment. Patients and other members of the general public should always seek the advice of a qualified healthcare professional regarding personal health and medical conditions. The Academy of Neurologic Physical Therapy and its collaborators disclaim any liability to any party for any loss or damage by errors or omissions in this publication.*
  - Consider having a take home measures (one line) that is actionable, not passive
5. ANPT branding – follow guidelines
  6. Preferred citation (e.g. Rainie L. *The rise of the e-patient. Pew Research Center Internet and the American Life Project. October 7, 2009. Accessed January 11, 2012.*  
<https://www.pewresearch.org/internet/2009/10/07/the-rise-of-the-e-patient-2/>)
  7. Reviewed by ACA for readability.
    - Considers accessibility (color contrast, white space, others?)
  8. Email update to board liaison checklist was completed and document will be published on website.

### Tips and pitfalls on health literacy material

#### Tips

Identify and write to your primary audience (e.g., consumer v. clinician).

Aim for a middle (jr. high) school literacy level.

To check in word

Review > spelling & grammar > readability

Aim for < 80

#### Content

- Consider bulleting content.
- If writing in paragraph form



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- Sentences should be less than 25 words.
- One idea/paragraph
- Add summary statement.
- Use action/active words.
- *Active* – Consult a physical therapist to help with chronic dizziness.
- *Passive* – Physical therapy has been shown to be effective at managing chronic dizziness.
- Consider varying font sizes, color, shapes, and line
- Check all images for copyrights and cite accordingly.
- Consider a one line take home message (e.g., call to action)

Task force leaders should send documents through the following review process prior to posting online.

- a. Send to Guideline Development Group (to ensure aligns with CPG or position paper)
- b. Send to Director of Practice and Practice Committee Chair (include in communication if a review was provided by GDG)
- c. Send to Executive Office for final branding and acknowledgements
  1. [Fact Sheet Templates](#)
  2. [Branding Guidelines](#)
  3. [Copyright and liability statement](#)
- d. Task Force and Director of Practice/Practice Committee Chair provide final review
- e. Send to Digital Communication Committee liaison for posting online

\*We do not recommendations for special images for each group.

Website Orientation Video Link: [Website Basics DCC.mp4 | Powered by Box](#)

Key Contacts:

- ANPT website has access to leadership contact information: <https://neuropt.org/about-us/leadership>
- Marketing, Branding, and Publishing of Resources: Hanna Weinzierl ([info@neuropt.org](mailto:info@neuropt.org))



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- Posting to Action Potential or Social Media: <https://neuropt.org/professional-resources/e-news-submissions-for-publication>
- Posting to the Website: Kelly Rodrigues with the Digital Communication Committee ([Kelly.Rodriguez@franu.edu](mailto:Kelly.Rodriguez@franu.edu)) or your designated liaison to this committee



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### Task Force Work Groups, Funding Guidelines

#### [ANPT Task Force Funding Guidelines](#)

Dated: August 2022

Periodically, the ANPT Board will establish a Task Force to accomplish a specific project in a set timeframe. There is no expected travel or conference support for these groups. Any requests of this nature should be proposed to the Board via the task force Board liaison for possible approval. To provide clarity for such groups, the below guidelines are in place and identify two kinds of work groups: 1) CPG/KT task force groups 2) general/all other task forces.

ANPT CPG/KT Task Force groups:

The ANPT Board of Directors recognizes that each Clinical Practice Guideline (CPG) Knowledge Translation (KT) Task Force will identify unique strategies targeted to the specific CPG. That said, there is an expectation that at least one KT product will include a program that will be hosted on the Synapse Education Center (SEC). The SEC product-type is not defined.

The Board also recognizes that the timeline for KT strategy development and implementation will vary based on the specific CPG. A general accepted timeline is 3 years. Within that 3 years, certain activities and associated budgets may be anticipated:

1. Appointment of the KT Task Force with 1-2 chair/co-chairs  
If an ANPT KT Summit is attended by ANPT KT task force members, the associated
2. preconference course registration fee will be waived
  - a. ANPT does not pay for travel or room/food for the ANPT KT Summit
3. It is assumed that KT Task Force groups will use the meeting resources provided by ANPT for all group meetings. These include phone conference calling and ZOOM video platform when necessary. BOX file storage and sharing are to be used for all documents.
4. KT Task Forces are established under the Practice Committee and Director of Practice. As such, each Task Force will communicate any specific needs/requests through the Committee and/or Director role.
5. All Task Force groups will provide a biannual leadership report in response to Executive Office request.
6. If an external grant is awarded, the ANPT becomes the secondary payor for the KT Task Force's budget. All grant agreements are to be shared with the ANPT executive office for organizational record keeping.
7. Use ANPT's CANVA account for graphic design.





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8. As KT product(s) is/are developed for the SEC, the SEC honorarium and reimbursement policies apply. All SEC development costs are budgeted through the online education committee's budget. In order to avoid duplication, SEC costs should not be reflected in KT budgets.

Other ANPT Task Force groups:

1. It is assumed that KT Task Force groups will use the meeting resources provided by ANPT for all group meetings. There include phone conference calling and ZOOM video platform when necessary. BOX file storage and sharing are to be used for all documents.
2. All Task Forces are established under a specific Committee and/or Board Director. As such, each Task Force will communicate any specific needs/requests through the Committee and/or Director role.
3. All Task Force groups will provide a biannual leadership report in response to Executive Office request
4. Use ANPT's CANVA account for graphic design.



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### Task Force Conclusion

1. Task force timeframes are determined upon appointment. Changes in the timeline will be considered and approved by the ANPT Board on an individual basis.
2. Task force work will be considered complete when the group no longer has a need to meet on a monthly basis and all resources are published on the ANPT website or ANPT Synapse Education Center.
3. It is understood that peer reviewed publication initiatives may extend beyond the working timeframe of the task force.
4. The Director of Practice and Practice Committee Chair will collaborate to make formal announcements to conclude the work of the task force at which point the task force will be removed from the Practice Committee standing agenda items.
5. Maintenance of the website will be handled by the Practice Committee. If TF members recognize material is out of date, please update the PC chair and/or DoP for removal or revision.
6. If the TF receives an honorarium, the honorarium will be provided at the end of the term of service.